

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

RECEIVED

Revised 7/17/17

2017 DEC -4 AM 10:30

PA PUC
SECRETARY'S BUREAU

Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

MOVERS USA, INC.

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

N/A

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** NO **Previous Authority?** YES

If YES, at PUC No. A- 00121180

4. **Are you a business entity registered with the PA Dept. of State?** YES

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 3199961

(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

GIL BEN SHOUSHAN, PRESIDENT 100% Shares

6. **Physical Address** (do not use PO Box)

8221 PRESTON COURT, SUITE A
 Street Address

JESSUP, MD 20794
 City, State and Zip Code

(410) 536-0914 HOWARD COUNTY, MD
 Telephone Number County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

Same
 Street Address

 City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

N/A
 Attorney's Name & Telephone Number for this Filing

 Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

 No Yes, at No. 981371

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
-

To transport household goods in use from points in Philadelphia to points in Pennsylvania, and vice versa.

Examples:

- *To transport household goods in use between points in Pennsylvania.*
- *To transport household goods in use from points in Centre County to points in Pennsylvania, and vice versa.*

11. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Household Goods in Use; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

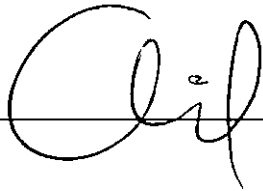
Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

GIL BEN SHOUSHAN

(Print Name)



11/30/2017

(Signature)

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

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VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

MOVERS USA, INC.

Legal Name of Applicant

N/A

Trade Name, if any

8221 PRESTON CT. SUITE A

JESSUP

MD

20794

City or Municipality

State

Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

GIL BEN SHOUSHAN, PRESIDENT
MOVERS USA, INC
8221 PRESTON CT. SUITE A, JESSUP, MD 20794
TEL: (410) 536-0914 (EXT.202)

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

NONE

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-1-).

Movers USA, Inc has been providing moving and storage services since 2003 and always maintained liability and cargo insurance. Enclosed to this application is our certificate of insurance for the past three years. We have been licensed with PA for 7 years with no complaints.

Our authority was canceled in May 5th, 2015 for failure to maintain evidence of liability and cargo insurance on file with PUC. However, the request for the insurance evidence was sent to an old address and was never forwarded to our current address, therefore, we did not know that our insurance evidence on file with PUC was expired.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

Movers USA is a fully licensed and insured moving company that specializes in local, long distance, residential, light commercial moving services and deliveries. Our storage, office and operation located in 8221 Preston Court, Suite A, Jessup, MD. We have 20,000 sqft storage facility, which is climate-controlled and secured. We have 5 trucks, 5 drivers, dedicated team of relocation specialists, dispatch department, customer care and claim department and administrative team.

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

a. We have a hiring policy in place. We maintain a qualification file for each driver, which includes a series of requirements such as driving records, road test certificates, a medical examiner's certificate and an annual driving review as well as acknowledgements for safety subjects and training. We also start with every new hire on a part-time basis to make sure new hires' personalities and workplace habits are a good fit.

b. Background checks are being done by our insurance company upon renewal and when new driver is added. And through a paid Background Screening Service we have with 3rd party company.

c. We have a monthly safety meetings. All drivers and helper are doing ProMover program through AMSA, as well as our own trainings from time to time on subjects that are relevant at the time.

d. Driver license checks are being done by our insurance company upon renewal and when new driver is added. And through a paid Background Screening Service we have with 3rd party company.

e. Every hire must take a drug test and sign a drug & alcohol policy. The policy outlines expectations and requirements. We perform pre-employment drug tests as well as ongoing drug tests administered randomly or for reasonable suspicion and after an accident. We will not accept anyone with a DUI/DWI on record to drive a company vehicle.

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2015	International	4300		128	71,500
2015	International	4300		129	115,000
2017	International	4300		130	55,000
2017	International	4300		131	43,000
2004	International	4300		109	

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

All our trucks are under lease, including full service and maintenance and we carefully chose our trucks based on the highest levels of overall safety. We perform pre-trip and post-trip inspections every time our truck is in use. All our Vehicles are on a routine preventive maintenance schedule for servicing and checking of safety-related equipment. Regular maintenance is done at specific mileage intervals consistent with the manufacturer's recommendations.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

We have insurance in place since we started our operation in 2001. We never had interruption or cancellation of insurance, hence we had insurance continuously since 2001.

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

____ YES NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.



(Signature)

GIL BEN SHOUSHAN, PRESIDENT

(Name and Title, printed or typed)

11/30/2017

(Date)

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Nov 16, 17

ASSETS

Current Assets

Checking/Savings

New Checking (Feb 2015)	7,297.67
New Savings (Feb 2015)	25,040.93
Savings	10,000.00
Total Checking/Savings	42,338.60

Total Current Assets 42,338.60

Fixed Assets

Crates	58,221.07
Equipment	63,538.60
Furniture & Fixtures	28,850.00
Leasehold Improvements	9,675.00
Moving Equipment	67,424.70
Office Equipment	25,330.30
Software	630.98
Trailer	8,040.00
Trailers	25,884.12
Trucks	325,248.15
zAccumulated Depreciation	<u>-524,427.57</u>

Total Fixed Assets 88,415.35

TOTAL ASSETS 130,753.95

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Other Current Liabilities

Due to Gil	252,690.21
Lease payable - Lakeland	<u>10,507.68</u>
Total Other Current Liabilities	<u>263,197.89</u>

Total Current Liabilities 263,197.89

Long Term Liabilities

Lease Payable - 2014 Honda Acco	<u>-4,943.94</u>
Total Long Term Liabilities	<u>-4,943.94</u>

Total Liabilities 258,253.95

Equity

Common Stock	500.00
Retained Earnings	-105,575.65
Net Income	<u>-22,424.35</u>
Total Equity	<u>-127,500.00</u>

TOTAL LIABILITIES & EQUITY 130,753.95



MOVERS USA

MOVING YOU AHEAD

8221 Preston Court, Suite A, Jessup, MD 20794
Phone:(410) 536-0914 Fax:(443) 297-5498

Date: 11/29/2017

Re: File # C-2015-2480621
A-00121180

To: Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
P.O. Box 3265, Harrisburg, PA 17105-3265

***Re: Payment of Past Due Fine and Application to Resume
MOVERS USA Inc. Operation as Household Goods Motor Carrier with PA.
(Updated Auto Liability & Cargo Insurance Coverage attached)***

Dear Sir/Madam,

Further to the letter sent by your office on November 2, 2017, about past due notice (File 16-706996-FD) I contacted your office who advise me that a cancellation notice was mail out to our old address on April 14, 2016 (File C-2015-2480621), which we never received.

This letter is to let you know that Movers USA, Inc is active and has been in good standing with a continuously insurance and we would like to resume our operation with Commonwealth of Pennsylvania and have our company active as a Motor carrier of Household goods.

Please be advise that our physical and mailing address is:


**Movers USA, Inc
8221 Preston Ct. Suite A
Jessup, MD 20794**

Please keep this address for all future documentation and communication.

Attached to this letter please find:

1. Movers USA, Inc Application for Motor Carrier of Household Goods.
2. Application fees (\$350).
3. Certificate of insurance for Movers USA for the last 3 years, up to 3/15/2018.
4. Fine for \$600 for file # C-2015-2480621.

If you have any questions or need further information, please do not hesitate to contact me.
Regards,

Sarah Noy 
Movers USA Inc.
Phone: (410) 536-0914 Ext. 202
Fax: (443) 297-5498
Cell: (443) 995-9042
Email: sarah@1movers.com

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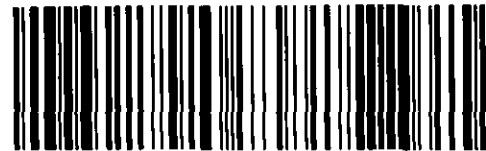
MOVERS USA, Inc
8221 Preston Ct.
Suite A
Jessup, MD 20794

Origin: 20794
Destination: 17120
0 Lb 2.40 Oz
Nov 30, 17
2347700794-02

1000

USPS FIRST-CLASS PKG SVC-RTL TM

USPS TRACKING NUMBER



9500 1124 6236 7334 1148 60

**Secretary,
PA Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, Pennsylvania 17120**